

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Kelly Price	COURT CASE NUMBER 15-cv-05871-KPF
DEFENDANT Simmons et al	TYPE OF PROCESS Service of Summons & Complaint

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Nicholas Corrado at 76th Precinct  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 191 Union Street, Brooklyn, NY 11231

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PRO SE: Kelly Price  
 534 W. 187th Street  
 Apt. # 7  
 New York, NY 10033

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(212)- 805 - 0175

DATE

6/8/17

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process P3	District of Origin No. 054	District to Serve No. 054	Signature of Authorized USMS Deputy or Clerk D. M. Foster	Date 6/12/17
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Sgt Augusthie

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

7/28/17

Time

10:49

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

D. M. Foster #4416

Service Fee \$73.00	Total Mileage Charges including endeavors \$5.35	Forwarding Fee	Total Charges \$78.35	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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## REMARKS:

6/12/17 - set up for Mail Service  
 7/24/17 - set up for P/S

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

15-5871-5 ✓